

Case Number:	CM14-0047635		
Date Assigned:	06/25/2014	Date of Injury:	11/19/2009
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

1. Bilateral de Quervain's syndrome. 2. Shoulder impingement syndrome with labral tear of the left shoulder. 3. Left hip labral tear with fissuring bone cyst and bursitis. According to progress report 01/11/2014, the patient presents with continued pain of the left shoulder, left hip and bilateral wrists. Examination of the wrists revealed positive Phalen's, Tinel's, and Finkelstein's test. The pain is noted with dorsiflexion, palmar flexion, ulnar and radial deviation. Left shoulder examination revealed positive impingement apprehension signs. Examination of the left hip revealed an antalgic gait and decreased range of motion. Progress report 02/06/2014 indicates the patient continues with shoulder and bilateral wrist pain. The treating physician requests physical therapy to the wrist 3 times a week for 4 weeks and refill of medication. Utilization review denied the request for physical therapy on 03/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

(8) Physical Therapy visits for the bilateral wrists: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines- (from up to 3 visits per week to 1 or less), plus active self-directed home

Physical Medicine. Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks Page(s): 98,99.

Decision rationale: This patient presents with shoulder and bilateral wrists complaints. The request is for 8 physical therapy sessions between 03/12/2014 and 04/26/2014 for the wrist. Utilization review denied the request stating clinical documentation provided for review and current evidence-based guidelines does not provide medical necessity. Included in the medical file are progress reports from 09/06/2013 to 02/06/2014. Review of these reports does not indicate that the patient has had any recent physical therapy. In this case, given the patient's continued positive objective findings and lack of any recent formalized physical therapy, a course of 8 sessions may be warranted. Therefore is medically necessary.